



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Priority Health

NAIC Group Code

33833383

(Current)(Prior)

NAIC Company Code

95561

Employer's ID Number

38-2715520

Organized under the Laws of

Michigan

, State of Domicile or Port of Entry

MI

Country of Domicile

United States of America

Licensed as business type:

Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized

03/07/1986

Commenced Business

10/15/1986

Statutory Home Office

1231 East Beltline NE

(Street and Number)

Grand Rapids, MI, US 49525-4501

(City or Town, State, Country and Zip Code)

Main Administrative Office

1231 East Beltline NE

(Street and Number)

Grand Rapids, MI, US 49525-4501

(City or Town, State, Country and Zip Code)

616-464-8931

(Area Code) (Telephone Number)

Mail Address

1231 East Beltline NE

(Street and Number or P.O. Box)

Grand Rapids, MI, US 49525-4501

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

1231 East Beltline NE

(Street and Number)

Grand Rapids, MI, US 49525-4501

(City or Town, State, Country and Zip Code)

616-464-8131

(Area Code) (Telephone Number)

Internet Website Address

www.priorityhealth.com

Statutory Statement Contact

Ryan Babiak

(Name)

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(E-mail Address)

616-942-7916

(FAX Number)

OFFICERS

President / Chief Executive Officer

Praveen Gope Thadani #

Secretary

Kimberly Lynn Thomas

Treasurer / Chief Financial Officer

Nicholas Patrick Gates #

OTHER

DIRECTORS OR TRUSTEES		
Doug Paul Baker	Matthew Elson Cox	Christina Michelle Freese Decker
Doug Allen Dozeman #	Ann Mutzabaugh Harten	Birgit Maria Klohs
Rajesh Ujamlal Kothari	Edwin Anders Ness	Ora Hirsch Pescovitz #
Paul Gerald Saginaw	Michael Frederic Sytsma	Praveen Gope Thadani #
Alicia Margarita Torres	Michael Butler Verhulst	Wendy Hansen Walker
Elaine Coston Wood		

State of

Michigan

SS

County of

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Praveen Gope Thadani
President

Nicholas Patrick Gates
Treasurer

Kimberly Lynn Thomas
Secretary

Subscribed and sworn to before me this day of

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	588,812,508		588,812,508	551,529,448
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks	657,585,773	6,700,000	650,885,773	556,752,887
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)			0	0
4.2 Properties held for the production of income (less \$0 encumbrances)			0	0
4.3 Properties held for sale (less \$0 encumbrances)			0	0
5. Cash (\$30,773,863 , Schedule E - Part 1), cash equivalents (\$101,856,640 , Schedule E - Part 2) and short-term investments (\$330,260,447 , Schedule DA)	462,890,952		462,890,952	575,227,460
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities	35,000		35,000	59,823,762
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	1,709,324,233	6,700,000	1,702,624,233	1,743,333,557
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	4,216,473		4,216,473	4,390,739
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	19,182,605	2,076,848	17,105,757	12,753,365
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$50,691,291)	50,691,291		50,691,291	58,854,207
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	241,749		241,749	123
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	22,084,351		22,084,351	19,680,279
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	20,900,518		20,900,518	13,988,157
24. Health care (\$118,826,714) and other amounts receivable	141,430,170	22,610,365	118,819,805	72,216,992
25. Aggregate write-ins for other than invested assets	9,360,568	32,909,618	(23,549,050)	(26,492,681)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,977,431,958	64,296,831	1,913,135,127	1,898,724,738
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	1,977,431,958	64,296,831	1,913,135,127	1,898,724,738
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid expenses	32,909,618	32,909,618	0	0
2502. Goodwill	(23,549,050)		(23,549,050)	(26,492,681)
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	9,360,568	32,909,618	(23,549,050)	(26,492,681)

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	388,761,429	24,964,344	413,725,773	362,047,280
2. Accrued medical incentive pool and bonus amounts	29,806,042		29,806,042	61,208,238
3. Unpaid claims adjustment expenses	7,039,597	454,932	7,494,529	6,839,008
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	86,101,573		86,101,573	99,590,637
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	42,594,789		42,594,789	32,111,124
9. General expenses due or accrued	27,777,803		27,777,803	20,944,174
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	4,347,602		4,347,602	4,739,756
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	23,088,653		23,088,653	52,479,244
16. Derivatives			0	0
17. Payable for securities	2,856,170		2,856,170	101,551,513
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	34,329,298		34,329,298	17,223,428
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	10,928,373
24. Total liabilities (Lines 1 to 23)	646,702,956	25,419,276	672,122,232	769,662,775
25. Aggregate write-ins for special surplus funds	XXX	XXX	1,000,000	1,000,000
26. Common capital stock	XXX	XXX	8,471	8,524
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	35,821,002	35,821,002
29. Surplus notes	XXX	XXX	0	
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	1,204,183,425	1,092,232,437
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,241,012,898	1,129,061,963
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,913,135,130	1,898,724,738
DETAILS OF WRITE-INS				
2301. Premium Credit Payable			0	10,928,373
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0	10,928,373
2501. Appropriated Retained Earnings	XXX	XXX	1,000,000	1,000,000
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	1,000,000	1,000,000
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	7,859,605	7,139,363
2. Net premium income (including \$ non-health premium income)	XXX	4,289,665,424	3,954,731,584
3. Change in unearned premium reserves and reserve for rate credits	XXX	(1,504,400)	(1,242,657)
4. Fee-for-service (net of \$ medical expenses)	XXX	0	
5. Risk revenue	XXX	0	
6. Aggregate write-ins for other health care related revenues	XXX	2,378,126	1,344,849
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	4,290,539,150	3,954,833,776
Hospital and Medical:			
9. Hospital/medical benefits		3,097,316,972	2,580,760,031
10. Other professional services		45,416,187	38,827,632
11. Outside referrals		99,332,423	54,016,632
12. Emergency room and out-of-area		167,595,540	129,580,870
13. Prescription drugs		468,022,461	432,033,483
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		(6,888,582)	100,701,890
16. Subtotal (Lines 9 to 15)	0	3,870,795,001	3,335,920,538
Less:			
17. Net reinsurance recoveries		1,139,004	1,848,838
18. Total hospital and medical (Lines 16 minus 17)	0	3,869,655,997	3,334,071,700
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$63,709,591 cost containment expenses		113,455,817	118,107,318
21. General administrative expenses		352,052,589	346,907,273
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(3,000,000)	3,081,323
23. Total underwriting deductions (Lines 18 through 22)	0	4,332,164,403	3,802,167,614
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(41,625,253)	152,666,162
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		18,984,388	22,753,906
26. Net realized capital gains (losses) less capital gains tax of \$		18,660,005	(72,595,021)
27. Net investment gains (losses) (Lines 25 plus 26)	0	37,644,393	(49,841,115)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses	0	0	22,028
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(3,980,860)	102,847,075
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	(3,980,860)	102,847,075
DETAILS OF WRITE-INS			
0601. Wellness Revenue	XXX	2,378,126	1,344,849
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	2,378,126	1,344,849
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Management Fee Revenue			21,778
2902. Strategic reserve			250
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	22,028

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	1,129,061,963	878,726,152
34. Net income or (loss) from Line 32	(3,980,860)	102,847,075
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	94,039,065	56,304,127
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	30,902,677	91,184,609
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	(9,009,947)	0
48. Net change in capital and surplus (Lines 34 to 47)	111,950,935	250,335,811
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,241,012,898	1,129,061,963
DETAILS OF WRITE-INS		
4701. Retirement of McLaren Shares	(9,009,947)	
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	(9,009,947)	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	4,290,589,442	4,028,325,886
2. Net investment income	22,235,334	24,725,187
3. Miscellaneous income	2,378,126	1,344,849
4. Total (Lines 1 through 3)	4,315,202,902	4,054,395,922
5. Benefit and loss related payments	3,893,036,701	3,238,036,580
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	443,317,458	451,658,191
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	4,336,354,159	3,689,694,771
11. Net cash from operations (Line 4 minus Line 10)	(21,151,257)	364,701,151
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	483,426,378	523,265,258
12.2 Stocks	53,646,095	4,569,951
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(88,784)	0
12.7 Miscellaneous proceeds	59,788,762	91,681,982
12.8 Total investment proceeds (Lines 12.1 to 12.7)	596,772,451	619,517,191
13. Cost of investments acquired (long-term only):		
13.1 Bonds	522,266,215	659,263,813
13.2 Stocks	36,463,117	108,889,013
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	98,695,343	54,889,582
13.7 Total investments acquired (Lines 13.1 to 13.6)	657,424,675	823,042,408
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(60,652,224)	(203,525,217)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	(53)	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(30,532,974)	(996,452)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(30,533,027)	(996,452)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(112,336,508)	160,179,482
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	575,227,460	415,047,978
19.2 End of year (Line 18 plus Line 19.1)	462,890,952	575,227,460

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	2,167,244,595		4,350,323	2,162,894,272
2. Medicare Supplement	36,443,663			36,443,663
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	11,576,842		23,238	11,553,604
6. Title XVIII - Medicare	2,078,996,987		223,102	2,078,773,885
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	4,294,262,087	0	4,596,663	4,289,665,424
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	4,294,262,087	0	4,596,663	4,289,665,424

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	4,131,753,662	2,027,285,539	29,293,297			12,047,274	2,063,127,552			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	897,378	897,378								
1.4 Net	4,130,856,284	2,026,388,161	29,293,297	0	0	12,047,274	2,063,127,552	0	0	0
2. Paid medical incentive pools and bonuses	24,513,613	5,140,480				23,931	19,349,202			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	413,725,773	244,265,594	4,226,637	0	0	109,085	165,124,457	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	413,725,773	244,265,594	4,226,637	0	0	109,085	165,124,457	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	29,806,042	18,374,906					11,431,136			
6. Net healthcare receivables (a)	305,748,574	132,053,285				672,022	173,023,267			
7. Amounts recoverable from reinsurers December 31, current year	241,749	241,749								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	362,047,280	196,748,448	3,406,146	0	0	897,598	160,995,088	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	362,047,280	196,748,448	3,406,146	0	0	897,598	160,995,088	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	61,208,238	19,123,795					42,084,443			
11. Amounts recoverable from reinsurers December 31, prior year	123	123								
12. Incurred Benefits:										
12.1 Direct	3,877,683,582	1,942,749,400	30,113,788	0	0	10,586,739	1,894,233,654	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	1,139,004	1,139,004	0	0	0	0	0	0	0	0
12.4 Net	3,876,544,578	1,941,610,397	30,113,788	0	0	10,586,739	1,894,233,654	0	0	0
13. Incurred medical incentive pools and bonuses	(6,888,583)	4,391,591	0	0	0	23,931	(11,304,105)	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	131,303,803	63,885,011	1,681,915			28,529	65,708,348			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	131,303,803	63,885,011	1,681,915	0	0	28,529	65,708,348	0	0	0
2. Incurred but Unreported:										
2.1 Direct	282,392,099	180,350,712	2,544,722			80,556	99,416,109			
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	282,392,099	180,350,712	2,544,722	0	0	80,556	99,416,109	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	29,871	29,871								
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	29,871	29,871	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	413,725,773	244,265,594	4,226,637	0	0	109,085	165,124,457	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	413,725,773	244,265,594	4,226,637	0	0	109,085	165,124,457	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	158,056,053	1,868,738,574	790,640	243,474,954	158,846,693	196,748,448
2. Medicare Supplement	3,181,059	26,112,238	543	4,226,094	3,181,602	3,406,146
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan	947,330	10,451,853	4,830	104,255	952,160	897,598
6. Title XVIII - Medicare	143,768,316	1,919,359,236	(756,540)	165,880,997	143,011,776	160,995,088
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	305,952,758	3,824,661,901	39,473	413,686,300	305,992,231	362,047,280
10. Healthcare receivables (a)		305,748,574			0	
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	12,190,805	12,322,808	381,209	29,424,833	12,572,014	61,208,238
13. Totals (Lines 9 - 10 + 11 + 12)	318,143,563	3,531,236,135	420,682	443,111,133	318,564,245	423,255,518

(a) Excludes \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	118,676	118,676	118,676	118,676	118,676
2.	2017	1,346,271	1,466,766	1,466,766	1,466,766	1,466,766
3.	2018	XXX	1,268,240	1,330,627	1,330,627	1,330,627
4.	2019	XXX	XXX	1,383,404	1,518,569	1,518,569
5.	2020	XXX	XXX	XXX	1,479,318	1,641,618
6.	2021	XXX	XXX	XXX	XXX	1,743,330

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	46,646	46,646	46,646	46,646	46,646
2.	2017	1,516,443	1,479,685	1,479,685	1,479,685	1,479,685
3.	2018	XXX	1,425,272	1,389,410	1,389,410	1,389,410
4.	2019	XXX	XXX	1,537,379	1,522,509	1,522,509
5.	2020	XXX	XXX	XXX	1,661,710	1,626,558
6.	2021	XXX	XXX	XXX	XXX	1,981,154

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	1,739,906	1,466,766	67,113	4.6	1,533,879	88.2			1,533,879	88.2
2. 2018	1,688,221	1,330,627	68,019	5.1	1,398,646	82.8			1,398,646	82.8
3. 2019	1,766,464	1,518,569	73,697	4.9	1,592,266	90.1			1,592,266	90.1
4. 2020	1,913,855	1,641,618	77,751	4.7	1,719,369	89.8	1,172	20	1,720,561	89.9
5. 2021	2,167,245	1,743,330	45,494	2.6	1,788,824	82.5	261,469	4,418	2,054,711	94.8

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	2,736	2,736	2,736	2,736	2,736
2.	2017	20,120	22,668	22,668	22,668	22,668
3.	2018	XXX	21,832	24,354	24,354	24,354
4.	2019	XXX	XXX	24,083	26,896	26,896
5.	2020	XXX	XXX	XXX	21,827	25,008
6.	2021	XXX	XXX	XXX	XXX	26,112

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	1,622	1,622	1,622	1,622	1,622
2.	2017	23,245	22,707	22,707	22,707	22,707
3.	2018	XXX	25,432	24,349	24,349	24,349
4.	2019	XXX	XXX	27,325	26,881	26,881
5.	2020	XXX	XXX	XXX	25,227	25,002
6.	2021	XXX	XXX	XXX	XXX	30,339

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	31,328	22,668	2,565	11.3	25,233	80.5			25,233	80.5
2. 2018	33,843	24,354	2,974	12.2	27,328	80.7			27,328	80.7
3. 2019	35,540	26,896	3,195	11.9	30,091	84.7			30,091	84.7
4. 2020	36,800	25,008	3,099	12.4	28,107	76.4	1	0	28,108	76.4
5. 2021	36,444	26,112	1,708	6.5	27,820	76.3	4,226	71	32,117	88.1

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	2, 175	2, 175	2, 175	2, 175	2, 175
2.	2017	20, 471	21, 618	21, 618	21, 618	21, 618
3.	2018	XXX	19, 811	21, 978	21, 978	21, 978
4.	2019	XXX	XXX	13, 177	14, 322	14, 322
5.	2020	XXX	XXX	XXX	9, 663	10, 610
6.	2021	XXX	XXX	XXX	XXX	10, 476

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	2, 267	2, 267	2, 267	2, 267	2, 267
2.	2017	23, 455	21, 593	21, 593	21, 593	21, 593
3.	2018	XXX	21, 673	21, 641	21, 641	21, 641
4.	2019	XXX	XXX	14, 289	14, 392	14, 392
5.	2020	XXX	XXX	XXX	10, 549	10, 604
6.	2021	XXX	XXX	XXX	XXX	10, 556

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	21, 169	21, 618	629	2.9	22, 247	105.1			22, 247	105.1
2. 2018	19, 513	21, 978	567	2.6	22, 545	115.5			22, 545	115.5
3. 2019	12, 129	14, 322	396	2.8	14, 718	121.3			14, 718	121.3
4. 2020	11, 274	10, 610	373	3.5	10, 983	97.4	5		10, 988	97.5
5. 2021	11, 577	10, 476	194	1.9	10, 670	92.2	104	2	10, 776	93.1

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	.....	.....	.....	.....	45,908	45,908	45,908	45,908	45,908
2.	2017	.....	.....	.....	.....	1,005,267	1,082,056	1,082,056	1,082,056	1,082,056
3.	2018	.....	.....	.....	.....	XXX	1,203,309	1,199,120	1,199,120	1,199,120
4.	2019	.....	.....	.....	.....	XXX	XXX	1,336,101	1,431,709	1,431,709
5.	2020	.....	.....	.....	.....	XXX	XXX	XXX	1,504,137	1,655,853
6.	2021	.....	.....	.....	.....	XXX	XXX	XXX	XXX	1,751,318

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred						Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
						1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	.....	.....	.....	.....	53,906	53,906	53,906	53,906	53,906
2.	2017	.....	.....	.....	.....	1,099,051	1,083,524	1,083,524	1,083,524	1,083,524
3.	2018	.....	.....	.....	.....	XXX	1,289,642	1,263,061	1,263,061	1,263,061
4.	2019	.....	.....	.....	.....	XXX	XXX	1,451,645	1,427,386	1,427,386
5.	2020	.....	.....	.....	.....	XXX	XXX	XXX	1,676,056	1,656,147
6.	2021	.....	.....	.....	.....	XXX	XXX	XXX	XXX	1,902,839

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017	.....	.....	.....	2.1	1,104,458	90.3	.....	.....	1,104,458	90.3
2.	2018	.....	.....	.....	2.3	1,226,688	85.2	.....	.....	1,226,688	85.2
3.	2019	.....	.....	.....	2.2	1,462,512	91.8	.....	.....	1,462,512	91.8
4.	2020	.....	.....	.....	2.1	1,690,980	84.8	(757)	(13)	1,690,210	84.7
5.	2021	.....	.....	.....	1.2	1,772,069	85.3	177,312	2,996	1,952,377	94.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	.....	.....	.....	.....	.....169,495	.....169,495	.....169,495	.....169,495	.....169,495
2.	2017	.....	.....	.....	.....	.....2,392,129	.....2,593,108	.....2,593,108	.....2,593,108	.....2,593,108
3.	2018	.....	.....	.....	.....	.....XXX	.....2,513,192	.....2,576,079	.....2,576,079	.....2,576,079
4.	2019	.....	.....	.....	.....	.....XXX	.....XXX	.....2,756,765	.....2,991,496	.....2,991,496
5.	2020	.....	.....	.....	.....	.....XXX	.....XXX	.....XXX	.....3,014,945	.....3,333,089
6.	2021	.....	.....	.....	.....	.....XXX	.....XXX	.....XXX	.....XXX	.....3,531,236

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred						Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
						1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	.....	.....	.....	.....	.....104,441	.....104,441	.....104,441	.....104,441	.....104,441
2.	2017	.....	.....	.....	.....	.....2,662,194	.....2,607,509	.....2,607,509	.....2,607,509	.....2,607,509
3.	2018	.....	.....	.....	.....	.....XXX	.....2,762,019	.....2,698,461	.....2,698,461	.....2,698,461
4.	2019	.....	.....	.....	.....	.....XXX	.....XXX	.....3,030,638	.....2,991,168	.....2,991,168
5.	2020	.....	.....	.....	.....	.....XXX	.....XXX	.....XXX	.....3,373,542	.....3,318,311
6.	2021	.....	.....	.....	.....	.....XXX	.....XXX	.....XXX	.....XXX	.....3,924,888

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2017	.....3,014,925	.....2,593,108	.....92,709	.....3.6	.....2,685,817	.....89.1	.....0	.....0	.....2,685,817	.....89.1
2.	2018	.....3,180,521	.....2,576,079	.....99,128	.....3.8	.....2,675,207	.....84.1	.....0	.....0	.....2,675,207	.....84.1
3.	2019	.....3,406,596	.....2,991,496	.....108,091	.....3.6	.....3,099,587	.....91.0	.....0	.....0	.....3,099,587	.....91.0
4.	2020	.....3,956,373	.....3,333,089	.....116,350	.....3.5	.....3,449,439	.....87.2	.....421	.....7	.....3,449,867	.....87.2
5.	2021	.....4,292,759	.....3,531,236	.....68,147	.....1.9	.....3,599,383	.....83.8	.....443,111	.....7,487	.....4,049,981	.....94.3

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including \$) for investment income	81,745,560	81,745,560							
5. Aggregate write-ins for other policy reserves	4,356,013	0	0	0	0	0	4,356,013	0	0
6. Totals (gross)	86,101,573	81,745,560	0	0	0	0	4,356,013	0	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	86,101,573	81,745,560	0	0	0	0	4,356,013	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Risk Corridor	4,356,013						4,356,013		
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	4,356,013	0	0	0	0	0	4,356,013	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)	881,331	688,167	2,270,723		3,840,221
2. Salary, wages and other benefits	31,150,781	24,323,398	80,284,954		135,759,133
3. Commissions (less \$ ceded plus \$ assumed)			117,639,255		117,639,255
4. Legal fees and expenses	21,130	16,499	54,442		92,071
5. Certifications and accreditation fees	29,108	22,728	74,996		126,832
6. Auditing, actuarial and other consulting services	4,933,366	3,852,110	12,710,672		21,496,148
7. Traveling expenses	34,335	26,810	88,464		149,609
8. Marketing and advertising	4,953,860	3,868,111	12,763,474		21,585,445
9. Postage, express and telephone	1,027,184	802,053	2,646,509		4,475,746
10. Printing and office supplies	194,540	151,902	501,225		847,667
11. Occupancy, depreciation and amortization	816,918	637,873	2,104,765		3,559,556
12. Equipment	27,986	21,853	72,105		121,944
13. Cost or depreciation of EDP equipment and software	1,051,226	820,826	2,708,452		4,580,504
14. Outsourced services including EDP, claims, and other services	2,780,100	2,170,780	44,115,650		49,066,530
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate	151,661	118,421	390,749		660,831
17. Collection and bank service charges	60	46	154		260
18. Group service and administration fees	145,319	113,470	374,411		633,200
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses	4,691	3,664	12,087		20,442
22. Real estate taxes	94,880	74,085	244,456		413,421
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	17,867	13,951	71,033		102,851
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			27,116,401		27,116,401
23.4 Payroll taxes	1,689,468	1,319,184	4,352,866		7,361,518
23.5 Other (excluding federal income and real estate taxes)	464,087	362,372	7,343,066		8,169,525
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	13,239,693	10,337,923	34,111,680	0	57,689,296
26. Total expenses incurred (Lines 1 to 25)	63,709,591	49,746,226	352,052,589	0	(a) .....465,508,406
27. Less expenses unpaid December 31, current year ..	4,208,452	3,286,077	27,777,803		35,272,332
28. Add expenses unpaid December 31, prior year	3,586,389	3,252,620	20,944,174		27,783,183
29. Amounts receivable relating to uninsured plans, prior year			2,456,851		2,456,851
30. Amounts receivable relating to uninsured plans, current year			(12,244,947)		(12,244,947)
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	63,087,528	49,712,769	330,517,162	0	443,317,459
DETAILS OF WRITE-INS					
2501. Finance Management Fee	1,036,102	809,017	2,669,485		4,514,604
2502. HR Management Fee	401,594	313,577	1,034,696		1,749,867
2503. IS Management Fee	9,827,042	7,673,229	25,319,086		42,819,357
2598. Summary of remaining write-ins for Line 25 from overflow page	1,974,955	1,542,100	5,088,413	0	8,605,468
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	13,239,693	10,337,923	34,111,680	0	57,689,296

(a) Includes management fees of \$280,545,337 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) .....4,850,544	.....4,933,769
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) .....7,174,481	.....7,112,346
1.3	Bonds of affiliates	(a) .....	.....
2.1	Preferred stocks (unaffiliated)	(b) .....	.....
2.11	Preferred stocks of affiliates	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....7,278,949	.....7,278,949
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c) .....	.....
4.	Real estate	(d) .....	.....
5	Contract Loans .....	.....	.....
6	Cash, cash equivalents and short-term investments	(e) .....(1,013,287)	.....(292,762)
7	Derivative instruments	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	18,290,687	19,032,302
11.	Investment expenses .....	.....	(g) .....0
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g) .....0
13.	Interest expense .....	.....	(h)
14.	Depreciation on real estate and other invested assets .....	.....	(i) .....47,914
15.	Aggregate write-ins for deductions from investment income .....	.....	.....0
16.	Total deductions (Lines 11 through 15) .....	.....	.....47,914
17.	Net investment income (Line 10 minus Line 16)	.....	18,984,388
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)	.....	0

- (a) Includes \$263,669 accrual of discount less \$3,292,435 amortization of premium and less \$630,743 paid for accrued interest on purchases.
- (b) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividends on purchases.
- (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$. investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$47,914 depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	141,774	0	141,774	(11,716)	0
1.1	Bonds exempt from U.S. tax .....	.....	.....	0	.....	.....
1.2	Other bonds (unaffiliated)	1,264,580	0	1,264,580	77,355	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	17,276,797	0	17,276,797	11,360,649	0
2.21	Common stocks of affiliates	0	0	0	82,678,415	0
3.	Mortgage loans .....	.....	0	0	0	0
4.	Real estate .....	.....	0	0	.....	0
5.	Contract loans .....	.....	.....	0	.....	.....
6.	Cash, cash equivalents and short-term investments	(23,146)	.....	(23,146)	(65,638)	.....
7.	Derivative instruments .....	.....	.....	0	.....	.....
8.	Other invested assets .....	.....	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	18,660,005	0	18,660,005	94,039,065	0
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks	6,700,000	6,700,000	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company		47,914	47,914
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	6,700,000	6,747,914	47,914
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	2,076,848	3,700,090	1,623,242
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates		6,500,000	6,500,000
24. Health care and other amounts receivable	22,610,365	22,797,803	187,438
25. Aggregate write-ins for other than invested assets	32,909,618	55,453,701	22,544,083
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	64,296,831	95,199,508	30,902,677
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	64,296,831	95,199,508	30,902,677
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Expenses	32,909,618	55,453,701	22,544,083
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	32,909,618	55,453,701	22,544,083

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	350,939	381,787	385,077	390,521	395,132	4,620,445
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service	53,975	54,221	54,533	54,003	53,444	648,875
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	199,939	213,550	215,152	217,907	219,670	2,590,285
7. Total	604,853	649,558	654,762	662,431	668,246	7,859,605
DETAILS OF WRITE-INS						
0601. Medicare Advantage	183,780	197,381	198,738	201,196	202,740	2,393,266
0602. Medigap	16,159	16,169	16,414	16,711	16,930	197,019
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	199,939	213,550	215,152	217,907	219,670	2,590,285

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS). DIFS requires that insurance contracts domiciled in Michigan prepare their statutory-basis financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, subject to any deviations prescribed or permitted by DIFS.

	SSAP #	F/S Page	F/S Line #	2021	2020
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (3,980,860)	\$ 102,847,075
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (3,980,860)	\$ 102,847,075
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 1,241,012,898	\$ 1,129,061,963
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 1,241,012,898	\$ 1,129,061,963

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements of HMOs requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known, which could impact the amounts reported and disclosed herein.

C. Accounting Policy

(1) Basis for Short-Term Investments

All short-term investments have been classified in accordance with National Association of Insurance Commissioners (NAIC) guidelines and are stated at amortized cost for financial statement disclosure.

(2) Basis for Bonds and Amortization Schedule

Investments in bonds are carried at amortized cost. The cost of bonds is adjusted for amortization of premiums and discounts to maturity using a level-yield method. Realized gains and losses are determined using the specific identification method and are included in operations. The fair value of investments is determined based upon quoted market prices.

(3) Basis for Common Stocks

Investments in Common Stocks are reported at fair market value based upon quoted market prices.

(4) Basis for Preferred Stocks

NOT APPLICABLE

(5) Basis for Mortgage Loans

NOT APPLICABLE

(6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan-backed securities as well as other asset-backed securities are held and are reported at their amortized cost.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The Company uses the equity method to account for investment in and the continuing operations of its wholly owned subsidiaries, Priority Health Choice, Inc. and Priority Health Insurance Company, as described in SSAP 97.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Company owns PHMB Properties, an LLC company.

(9) Accounting Policies for Derivatives

NOT APPLICABLE

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The Company utilizes anticipated investment income as a factor in the premium deficiency calculation.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

Under traditional arrangements, health care costs are recognized as expenses when services are rendered including, based on historical data, an estimate of costs incurred but not reported at the balance sheet date. Under capitation arrangements and risk-savings/sharing programs, health care costs are recognized when accruable under the providers' respective agreements. Adjustments to previously rendered claims reserve estimates are reflected in the statement of operations in the period in which the estimates are revised. Such reserve adjustments consist of restatements of claims estimates and changes in margin associated with these estimates and could be material in the future. Given the nature of the health care costs and provider billing requirements, as defined by the participating providers' agreements, amounts accrued at year-end are paid predominantly in the following year.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Company has had no change in capitalization policy.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Company estimates pharmaceutical rebate receivables based on historic collection experience and reporting provided by pharmacy benefit managers.

D. Going Concern

NONE.

NOTE 2 Accounting Changes and Corrections of Errors

No significant changes

NOTE 3 Business Combinations and Goodwill

On January 1, 2020 Priority Health acquired Total Health Care, Inc. (THC) and its subsidiary Total Health Care USA, Inc. (USA) through a statutory purchase. THC and USA are nonprofit, non-taxable health maintenance organizations (HMO) that provide coverage for medical, hospital and other healthcare services to their members who are located primarily in southeast Michiga, through contracts executed with various healthcare providers. Priority Health paid \$25,000,000 to the Total Health Foundation and did not generate positive goodwill. The purchase price was subject to retro-active adjustments based on run-out of 2019 claims, the final 2019 ACA risk adjustment and other significant reserves.

A. Statutory Purchase Method

The transaction was accounted for as a statutory purchase, and reflects the following:

NOTES TO FINANCIAL STATEMENTS

1	2	3	4	5
Purchased Entity	Acquisition Date	Cost of Acquired Entity	Original Amount of Goodwill	Original Amount of Admitted Goodwill
Total Health Care Inc	01/01/2020	\$ 25,000,000	\$ (29,436,312)	\$ (29,436,312)
Total	XXX	\$ 25,000,000	\$ (29,436,312)	\$ (29,436,312)

1	6	7	8	9
Purchased Entity	Admitted Goodwill as of the Reporting Date	Amount of Goodwill Amortized During the Reporting Period	Book Value of SCA	Admitted Goodwill as a % of SCA BACV, Gross of Admitted Goodwill Col. 6/Col. 8
Total Health Care Inc	\$ (23,549,050)	\$ 2,943,631	\$ -	0.0%
Total	\$ (23,549,050)	\$ 2,943,631	\$ -	XXX

- B. Statutory Merger - NOT APPLICABLE
- C. Assumption Reinsurance - NOT APPLICABLE
- D. Impairment Loss - NOT APPLICABLE
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

- (1) Capital & Surplus
- Less:
- (2) Admitted Positive Goodwill
- (3) Admitted EDP Equipment & Operating System Software
- (4) Admitted Net Deferred Taxes
- (5) Adjusted Capital and Surplus (Line 1-2-3-4)
- (6) Limitation on amount of goodwill (adjusted capital and surplus times 10% goodwill limitation [Line 5*10%])
- (7) Current period reported Admitted Goodwill
- (8) Current Period Admitted Goodwill as a % of prior period Adjusted Capital and Surplus (Line 7/Line 5)

Calculation of Limitation Using Prior Quarter Numbers	Current Reporting Period
\$ 1,270,448,256	XXX
\$ -	XXX
\$ -	XXX
\$ -	XXX
\$ 1,270,448,256	XXX
\$ 127,044,826	XXX
XXX	\$ (23,549,050)
XXX	-1.9%

NOTE 4 Discontinued Operations

- A. Discontinued Operation Disposed of or Classified as Held for Sale - NOT APPLICABLE
- B. Change in Plan of Sale of Discontinued Operation - NOT APPLICABLE
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal - NOT APPLICABLE
- D. Equity Interest Retained in the Discontinued Operation After Disposal - NOT APPLICABLE

NOTE 5 Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - NOT APPLICABLE
- B. Debt Restructuring - NOT APPLICABLE
- C. Reverse Mortgages - NOT APPLICABLE
- D. Loan-Backed Securities - NOT APPLICABLE
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - NOT APPLICABLE
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - NOT APPLICABLE
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - NOT APPLICABLE
- H. Repurchase Agreements Transactions Accounted for as a Sale - NOT APPLICABLE
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - NOT APPLICABLE
- J. Real Estate - NOT APPLICABLE
- K. Low Income Housing tax Credits (LIHTC) - NOT APPLICABLE
- L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Non-admitted) Restricted from Current Year	2 Total Gross (Admitted & Non-admitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Non-admitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Non-admitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown			\$ -		\$ -	0.000%	0.000%
b. Collateral held under security lending agreements			\$ -		\$ -	0.000%	0.000%
c. Subject to repurchase agreements			\$ -		\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements			\$ -		\$ -	0.000%	0.000%

NOTES TO FINANCIAL STATEMENTS

e. Subject to dollar repurchase agreements			\$ -		\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements			\$ -		\$ -	0.000%	0.000%
g. Placed under option contracts			\$ -		\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock			\$ -		\$ -	0.000%	0.000%
i. FHLB capital stock			\$ -		\$ -	0.000%	0.000%
j. On deposit with states	\$ 1,050,328	\$ 1,050,206	\$ 122		\$ 1,050,328	0.053%	0.055%
k. On deposit with other regulatory bodies			\$ -		\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)			\$ -		\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories			\$ -		\$ -	0.000%	0.000%
n. Other restricted assets			\$ -		\$ -	0.000%	0.000%
o. Total Restricted Assets	\$ 1,050,328	\$ 1,050,206	\$ 122	\$ -	\$ 1,050,328	0.053%	0.055%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories - NOT APPLICABLE
3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics) - NOT APPLICABLE
4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements - NOT APPLICABLE

- M. Working Capital Finance Investments - NOT APPLICABLE
- N. Offsetting and Netting of Assets and Liabilities - NOT APPLICABLE
- O. 5GI Securities - NOT APPLICABLE
- P. Short Sales - NOT APPLICABLE

- Q. Prepayment Penalty and Acceleration Fees - NOT APPLICABLE

- R. Reporting Entity's Share of Cash Pool by Asset Type - NOT APPLICABLE

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

In 2020, The Company recognized an \$80 million impairment of its investment in PHMB Properties, a non-admitted affiliate. This impairment is due to the cancellation of a contract and does not impact statutory equity.

NOTE 7 Investment Income

No signifcant changes

NOTE 8 Derivative Instruments

This note is not applicable to the Company.

NOTE 9 Income Taxes

The Company is exempt from federal income taxes as an organization described under Internal Revenue Code Section 501(C)(4). Therefore, income tax expense has not been recorded.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A., B., C., D., E., F., G.

The Company has a management contract with Priority Health Managed Benefits, Inc. (PHMB), an organizaion related to the Company through common ownership, to provide certain management services. The management fee incurred by the Company was \$280,545,000 in 2021 and \$285,497,000 in 2020.

Premium revenues recognized from related organizations were approximately \$296,981,000 and \$297,968,000 during 2021 and 2020, respectively. Health care costs approximating \$745,361,000 during 2021 and \$630,361,000 during 2020 were provided to plan members by related organizations.

Amounts due from affiliates of \$20,900,000 at December 31, 2021, and \$20,488,000 at December 31, 2020, and relate primarily to premium receipts collected on behalf of Priority Health. Amounts due to affiliates were \$23,089,000 at December 31, 2021, and \$52,479,000 at December 31, 2020, and relates primarily to premium receipts collected on behalf of Priority Health Insurance Company.

NOTE 11 Debt

- A. Debt Including Capital Notes - NOT APPLICABLE
- B. FHLB (Federal Home Loan Bank) Agreements - NOT APPLICABLE

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan - NOT APPLICABLE
- B. Investment Policies and Strategies - NOT APPLICABLE
- C. Fair Value of Plan Assets - NOT APPLICABLE
- D. Basis Used to Determine Expected Long-Term Rate-of-Return - NOT APPLICABLE
- E. Defined Contribution Plans - NOT APPLICABLE
- F. Multiemployer Plans - NOT APPLICABLE
- G. Consolidated/Holding Company Plans - NOT APPLICABLE
- H. Postemployment Benefits and Compensated Absences - NOT APPLICABLE
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - NOT APPLICABLE

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant changes

NOTE 14 Liabilities, Contingencies and Assessments

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

NOTES TO FINANCIAL STATEMENTS

A. Contingent Commitments

The Company has committed to its wholly owned subsidiaries, Priority Health Insurance Company, Inc., Priority Health Choice, Inc., Total Health Care Inc., and Total Health Care USA Inc. to provide additional capital as needed in order for this subsidiary to meet capital requirements as mandated by the regulating authority.

B. Assessments

The Company incurs an assessment based on certain membership under the Michigan Insurance Provider Assessment (IPA) Act. As the IPA taxes are the Company's responsibility, taxes are recorded under the gross method. The taxes collected and paid are recorded in premium revenue and general administrative expenses, respectively. The Company expensed \$11,450,000 for IPA taxes in 2021. The corresponding liability of \$7,487,000 is recorded in general expenses due or accrued as of December 31, 2021.

C. Gain Contingencies - NOT APPLICABLE

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits - NOT APPLICABLE

E. Joint and Several Liabilities - NOT APPLICABLE

F. All Other Contingencies - NOT APPLICABLE

NOTE 15 Leases

This note is not applicable to the Company.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

This note is not applicable to the Company.

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

This note is not applicable to the Company.

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

This note is not applicable to the Company.

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

This note is not applicable to the Company.

NOTE 20 Fair Value Measurements

A. The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by Financial Accounting Standards Board (FASB) Accounting Standards Codification 820, Fair Value Measurements and Disclosures. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lower ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

Level 1: Financial instruments with unadjusted, quoted prices listed on active market exchanges.

Level 2: Financial instruments lacking unadjusted, quoted prices from active market exchanges, including over-the-counter traded financial instruments. The prices for the financial instruments are determined using prices for recently traded financial instruments with similar underlying terms as well as directly or indirectly observable inputs, such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3: Financial instruments that are not actively traded on a market exchange. This category includes situations where there is little, if any, market activity for the financial instrument. The prices are determined using significant unobservable inputs or valuation techniques.

The following table summarizes the valuation of the Company's financial instruments by the above pricing categories:

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Common Stock	\$ 300,284,125	\$ -	\$ -	\$ -	\$ 300,284,125
Total assets at fair value/NAV	\$ 300,284,125	\$ -	\$ -	\$ -	\$ 300,284,125

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy - NOT APPLICABLE

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - NOT APPLICABLE

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Common Stock	\$ 300,284,125	\$ 300,284,125	\$ 300,284,125	\$ -	\$ -	\$ -	\$ -

D. Not Practicable to Estimate Fair Value - NOT APPLICABLE

E. NAV Practical Expedient Investments - NOT APPLICABLE

NOTE 21 Other Items

A. Unusual or Infrequent Items - NOT APPLICABLE

B. Troubled Debt Restructuring: Debtors - NOT APPLICABLE

C. Other Disclosures - NOT APPLICABLE

D. Business Interruption Insurance Recoveries - NOT APPLICABLE

E. State Transferable and Non-transferable Tax Credits - NOT APPLICABLE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

NOTES TO FINANCIAL STATEMENTS

- F. Subprime Mortgage Related Risk Exposure - NOT APPLICABLE
- G. Retained Assets - NOT APPLICABLE
- H. Insurance-Linked Securities (ILS) Contracts - NOT APPLICABLE
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - NOT APPLICABLE

NOTE 22 Events Subsequent

Subsequent events have been considered through February 28, 2022 for these statutory financial statements which are to be issued on February 28, 2022.

The Company continues to actively monitor the current international and domestic impacts of and responses to Coronavirus Disease 2019 (COVID-19) and its related risks and continues to prepare accordingly. At this time, the Company is not able to predict the future impact COVID-19 may have on its results of operations, cash flows or financial condition, however, it is reasonably possible the outcome may be material.

NOTE 23 Reinsurance

- A. Ceded Reinsurance Report - NOT APPLICABLE
- B. Uncollectible Reinsurance - NOT APPLICABLE
- C. Commutation of Reinsurance Reflected in Income and Expenses - NOT APPLICABLE
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - NOT APPLICABLE
- E. Reinsurance Credit - NOT APPLICABLE

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate Accrued Retrospective Premium Adjustments - NOT APPLICABLE
- B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium - NOT APPLICABLE
- C. Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features - NOT APPLICABLE
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ 3,081,324	\$ 3,081,324
(2) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ 81,324	\$ 81,324
(3) Medical loss ratio rebates unpaid	\$ -	\$ -	\$ -	\$ 3,000,000	\$ 3,000,000
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 3,000,000
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ (3,000,000)	\$ (3,000,000)
(8) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(9) Medical loss ratio rebates unpaid	\$ -	\$ -	\$ -	\$ -	\$ -
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -

- E. Risk Sharing Provisions of the Affordable Care Act
- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?
- Yes [X] No []

- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year
- Amount

- a. Permanent ACA Risk Adjustment Program
- Assets
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)
- Liabilities
2. Risk adjustment user fees payable for ACA Risk Adjustment
- \$ 553,000
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)
- \$ 81,746,000
- Operations (Revenue & Expense)
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment
- \$ (47,215,000)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)
- \$ 626,000

- (3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)					\$ -	\$ -			A	\$ -	\$ -
2. Premium adjustments (payable) (including high risk pool premium)		\$89,825,000		\$55,294,000	\$ -	\$34,531,000		\$ (34,531,000)	B	\$ -	\$ -

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

NOTES TO FINANCIAL STATEMENTS

3. Subtotal ACA Permanent Risk Adjustment Program	\$	-	\$89,825,000	\$	-	\$55,294,000	\$	-	\$34,531,000	\$	-	\$ (34,531,000)		\$	-	\$	-
d. Total for ACA Risk Sharing Provisions	\$	-	\$89,825,000	\$	-	\$55,294,000	\$	-	\$34,531,000	\$	-	\$ (34,531,000)		\$	-	\$	-

Explanations of Adjustments
A.

B. Revised estimate

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4 - 5)
a. 2014	\$ 465,000	\$ 70,000	\$ 395,000	\$ -		\$ -
b. 2015	\$ 14,346,000	\$ 717,000	\$ 13,629,000	\$ -		\$ -
c. 2016	\$ 26,340,000	\$ 1,318,000	\$ 25,022,000	\$ -		\$ -
d. Total (a + b + c)	\$ 41,151,000	\$ 2,105,000	\$ 39,046,000	\$ -	\$ -	\$ -

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)
24E(5)d (Column 6) should equal 24E(2)c1

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

Adjustments to previously rendered claims reserve estimates are reflected in the statement of operations in the period in which the estimates are revised. Such reserve adjustments consist of restatements of claim estimates and release of any margin associated with these estimates. Reserve adjustments have decreased by approximately \$56,055,000 decreasing prior year-end claim reserve estimates of \$362,047,000 to \$305,992,000 in 2021.

NOTE 26 Intercompany Pooling Arrangements

This note is not applicable to the Company.

NOTE 27 Structured Settlements

This note is not applicable to the Company.

NOTE 28 Health Care Receivables

A. Pharmaceutical Rebate Receivables

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2021	\$ 83,442,113	\$ -	\$ -	\$ -	\$ -
09/30/2021	\$ 81,752,207	\$ -	\$ 61,096,372	\$ -	\$ -
06/30/2021	\$ 78,778,528	\$ -	\$ 57,489,705	\$ 5,134,773	\$ -
03/31/2021	\$ 75,616,238	\$ -	\$ 57,093,891	\$ 670,719	\$ 3,960,126
12/31/2020	\$ 62,631,404	\$ -	\$ 47,784,557	\$ 7,118,921	\$ 123,958
09/30/2020	\$ 61,959,597	\$ -	\$ 43,664,686	\$ 8,861,114	\$ 293,782
06/30/2020	\$ 58,043,400	\$ -	\$ 42,832,126	\$ 76,194	\$ 8,183,493
03/31/2020	\$ 56,466,703	\$ -	\$ 44,130,811	\$ 11,388	\$ 6,311,613
12/31/2019	\$ 48,924,820	\$ -	\$ 35,288,797	\$ 5,871,880	\$ 164,280
09/30/2019	\$ 49,328,837	\$ -	\$ 33,812,653	\$ 7,381,657	\$ 228,314
06/30/2019	\$ 48,673,025	\$ -	\$ 34,095,120	\$ 13,161	\$ 6,953,548
03/31/2019	\$ 44,618,138	\$ -	\$ 32,705,664	\$ 313,608	\$ 6,407,836

NOTE 29 Participating Policies

This note is not applicable to the Company.

NOTE 30 Premium Deficiency Reserves

The Company recorded no premium deficiency reserve in the 2021 and 2020 financial statements.

NOTE 31 Anticipated Salvage and Subrogation

This note is not applicable to the Company.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes [X] No []

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []

1.3

State Regulating?

Michigan

1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [] No [X]

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2017

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2017

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/17/2019

3.4

By what department or departments?
State of Michigan Department of Insurance and Financial Services

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes [] No [X]
Yes [] No [X]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business?
4.22 renewals?

Yes [] No [X]
Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,
7.21 State the percentage of foreign control; %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

GENERAL INTERROGATORIES

8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If the response to 8.1 is yes, please identify the name of the DIHC.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity?

Yes [] No [X]

8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes [] No [X] N/A []

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Ernst & Young LLP, 171 Monroe Ave., Grand Rapids, MI 49503

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []

10.6

If the response to 10.5 is no or n/a, please explain

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Ernst & Young LLP, Insurance & Actuarial Advisory Services, 5 Times Square, New York, NY 10036

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [X] No []

12.11

Name of real estate holding company

PHMB Properties, LLC

12.12

Number of parcels involved

1

12.13

Total book/adjusted carrying value

\$

12.2

If, yes provide explanation:

Occupied buildings owned by a wholly-owned subsidiary

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []

a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c.

Compliance with applicable governmental laws, rules and regulations;

d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e.

Accountability for adherence to the code.

14.11

If the response to 14.1 is No, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

GENERAL INTERROGATORIES

- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [] No [X]
- 15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [X] No []
17.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []
18.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person?

Yes [X] No []

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [] No [X]
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers

\$

20.12 To stockholders not officers

\$

20.13 Trustees, supreme or grand (Fraternal Only)

\$
- 20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers

\$

20.22 To stockholders not officers

\$

20.23 Trustees, supreme or grand (Fraternal Only)

\$
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [] No [X]
- 21.2

If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others

\$

21.22 Borrowed from others

\$

21.23 Leased from others

\$

21.24 Other

\$
- 22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [] No [X]
- 22.2

If answer is yes:

22.21 Amount paid as losses or risk adjustment

\$

22.22 Amount paid as expenses

\$

22.23 Other amounts paid

\$
- 23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [X] No []
- 23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

1,622,586
- 24.1

Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?

Yes [] No [X]
- 24.2

If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)

Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

GENERAL INTERROGATORIES

25.02 If no, give full and complete information relating thereto
Priority Health had exclusive control over the securities, however, a third party, Mellon Bank, had actual possession of the securities.

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
.....

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.\$0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.\$0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

25.08 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.\$0

25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$0

25.093 Total payable for securities lending reported on the liability page.\$0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements\$

26.22 Subject to reverse repurchase agreements\$

26.23 Subject to dollar repurchase agreements\$

26.24 Subject to reverse dollar repurchase agreements\$

26.25 Placed under option agreements\$

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock\$

26.27 FHLB Capital Stock\$

26.28 On deposit with states\$1,050,328

26.29 On deposit with other regulatory bodies\$

26.30 Pledged as collateral - excluding collateral pledged to an FHLB\$

26.31 Pledged as collateral to FHLB - including assets backing funding agreements\$

26.32 Other\$

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [] No []

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [] No []

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year.\$

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [X] No []

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Mellon Trust	Pittsburgh, PA

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
BlackRock Financial Management, Inc	U.....
Sun Life Capital Management LLC	U.....
Robert W. Baird & Co. Inc.	U.....
Pacific Investment Managent Company, LLC	U.....
.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No [X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	BlackRock Financial Management, Inc	5493001YLOM8HINPEN55	SEC	NO.....
.....	Sun Life Capital Management LLC	2549001RCVK00T5TXG16	SEC	NO.....
.....	Robert W. Baird & Co. Inc.	549300772USAHRDGL053	SEC	NO.....
.....	Pacific Investment Managent Company, LLC	549300KGPYQZXGMYYN38	SEC	NO.....
.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [X] No []

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
003021-12-8	ABERDEEN EMERGING MKTS DEBT FUND	22,818,893
315911-75-0	FIDELITY 500 INDEX FUND	83,555,422
41664T-44-6	HARTFORD INTERNATIONAL VALUE FUND	31,942,999
461418-44-4	WCM FOCUSED INTL GROWTH FUND	33,289,307
72201F-49-0	PIMCO INCOME FUND	92,988,486
74926P-31-6	RBC EMERGING MKTS	8,872,654
922908-87-6	VANGUARD SMALL CAP INDEX FUND	18,182,903
969251-50-3	WM BLAIR EM MKT L	8,633,461
30.2999 - Total		300,284,125

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
ABERDEEN EMERGING MKTS DEBT FUND	State of Qatar	739,332	12/31/2021 ...
RBC EMERGING MARKETS EQUITY FUND	Taiwan Semiconductor	674,322	12/31/2021 ...
FIDELITY 500 INDEX FUND	Apple Inc	5,598,213	12/31/2021 ...
HARTFORD INTERNATIONAL VALUE FUND	Royal Dutch Shell PLC	798,575	12/31/2021 ...
WCM FOCUSED INTL GROWTH FUND	Taiwan Semiconductor	1,331,572	12/31/2021 ...
PIMCO INCOME FUND	Irs Eur- 0.33000 03/18/20 - 2Yr Lch Pay	12,348,871	12/31/2021 ...
VANGUARD SMALL CAP INDEX FUND	Bio-Techne Corp	72,732	12/31/2021 ...
WILLIAM BLAIR EMERGING MARKETS FUND	Taiwan Semiconductor	802,912	12/31/2021 ...
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	926,570,872	937,963,166	11,392,294
31.2 Preferred stocks	0		0
31.3 Totals	926,570,872	937,963,166	11,392,294

31.4 Describe the sources or methods utilized in determining the fair values:
Pricing services and brokers

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

33.2 If no, list exceptions:
.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes [] No [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [X] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

GENERAL INTERROGATORIES

OTHER

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$333,230

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Alliance of Community Health Plans	218,236
.....

39.1 Amount of payments for legal expenses, if any?\$82,376

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Smith Haughey Rice & Roegge	24,940
.....

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$575,817

40.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes ☒ No ☐

1.2

If yes, indicate premium earned on U.S. business only.

\$ 36,443,663

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 30,113,787

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 36,443,663

1.62

Total incurred claims

\$ 30,113,787

1.63

Number of covered lives

16,924

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

4,289,665,424

3,954,731,584

2.2

Premium Denominator

4,289,665,424

3,954,731,584

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

529,633,388

522,846,155

2.5

Reserve Denominator

529,633,388

522,846,155

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes ☐ No ☒

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes ☒ No ☐

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes ☐ No ☒

5.1

Does the reporting entity have stop-loss reinsurance?

Yes ☒ No ☐

5.2

If no, explain:

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 1,500,000

5.32

Medical Only

\$

5.33

Medicare Supplement

\$

5.34

Dental & Vision

\$

5.35

Other Limited Benefit Plan

\$

5.36

Other

\$

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
HMO holds harmless provisions of provider contracts, trust indentures

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes ☒ No ☐

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

22,121

8.2

Number of providers at end of reporting year

39,810

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes ☐ No ☒

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months

\$

9.22

Business with rate guarantees over 36 months

\$

28

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$29,780,238

10.22 Amount actually paid for year bonuses.....\$71,156,050

10.23 Maximum amount payable withholds.....\$25,804

10.24 Amount actually paid for year withholds.....\$14,856

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]

11.13 An Individual Practice Association (IPA), or, . Yes [X] No []

11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Michigan

11.4 If yes, show the amount required.\$418,926,514

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation

200% ACL

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Alcona
Allegan
Alpena
Antrim
Arnenac
Barry
Bay
Benzie
Berrien
Branch
Calhoun
Cass
Charlevoix
Cheboygan
Clare
Clinton
Crawford
Eaton
Emmet
Genesee
Gladwin
Grand Traverse
Gratiot
Hillsdale
Huron
Ingham
Ionia
Iosco
Isabella
Jackson
Kalamazoo
Kalkaska
Kent
Lake
Lapeer
Leelanau
Lenawee
Livingston
Mackinac
Macomb
Manistee
Mason
Mecosta
Midland
Missaukee
Monroe
Montcalm
Montmorency
Muskegon
Newaygo
Oakland
Oceana
Ogemaw
Osceola
Oscoda
Otsego
Ottawa
Presque Isle
Roscommon
Saginaw
St. Clair

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

1 Name of Service Area
St. Joseph
Sanilac
Shiawassee
Tuscola
Van Buren
Washtenaw
Wayne
Wexford
.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.\$
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date.\$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] N/A []
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written\$
- 15.2 Total Incurred Claims\$
- 15.3 Number of Covered Lives

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,913,135,127	1,898,724,738	1,400,393,676	1,253,779,697	1,166,505,735
2. Total liabilities (Page 3, Line 24)	672,122,232	769,662,775	521,667,521	493,963,467	497,505,458
3. Statutory minimum capital and surplus requirement	418,926,514	356,299,301	289,427,772	263,416,428	255,842,465
4. Total capital and surplus (Page 3, Line 33)	1,241,012,898	1,129,061,963	878,726,153	759,816,230	669,000,277
Income Statement (Page 4)					
5. Total revenues (Line 8)	4,290,539,150	3,954,833,776	3,405,819,769	3,180,011,994	3,015,076,097
6. Total medical and hospital expenses (Line 18)	3,869,655,997	3,334,071,700	2,967,079,634	2,707,334,596	2,645,791,374
7. Claims adjustment expenses (Line 20)	113,455,817	118,107,318	101,485,182	98,775,011	89,189,394
8. Total administrative expenses (Line 21)	352,052,589	346,907,273	253,916,289	271,340,395	218,667,958
9. Net underwriting gain (loss) (Line 24)	(41,625,253)	152,666,162	83,176,554	102,561,992	61,427,371
10. Net investment gain (loss) (Line 27)	37,644,393	(49,841,115)	61,039,458	20,649,648	16,480,488
11. Total other income (Lines 28 plus 29)	0	22,028	1,408,800	616,416	785,690
12. Net income or (loss) (Line 32)	(3,980,860)	102,847,075	145,624,812	123,828,056	78,693,549
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(21,151,257)	364,701,151	129,770,033	89,726,370	125,898,523
Risk-Based Capital Analysis					
14. Total adjusted capital	1,241,012,898	1,129,061,963	878,726,153	759,816,230	669,000,277
15. Authorized control level risk-based capital	209,463,257	178,149,651	144,713,886	131,708,214	127,921,233
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	668,246	604,853	544,198	514,158	521,877
17. Total members months (Column 6, Line 7)	7,859,605	7,139,363	6,466,813	6,139,044	6,342,781
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	90.2	84.3	87.2	85.2	87.8
20. Cost containment expenses	1.5	1.6	1.4	1.5	1.5
21. Other claims adjustment expenses	1.2	1.4	1.5	1.6	1.5
22. Total underwriting deductions (Line 23)	101.0	96.2	97.6	96.8	98.0
23. Total underwriting gain (loss) (Line 24)	(1.0)	3.9	2.4	3.2	2.0
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	318,564,245	236,655,866	65,243,396	203,269,133	170,777,219
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	423,255,518	276,228,501	128,800,982	249,498,335	187,180,313
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)			0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	357,301,648	274,623,232	266,515,539	131,843,787	121,900,383
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	357,301,648	274,623,232	266,515,539	131,843,787	121,900,383
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

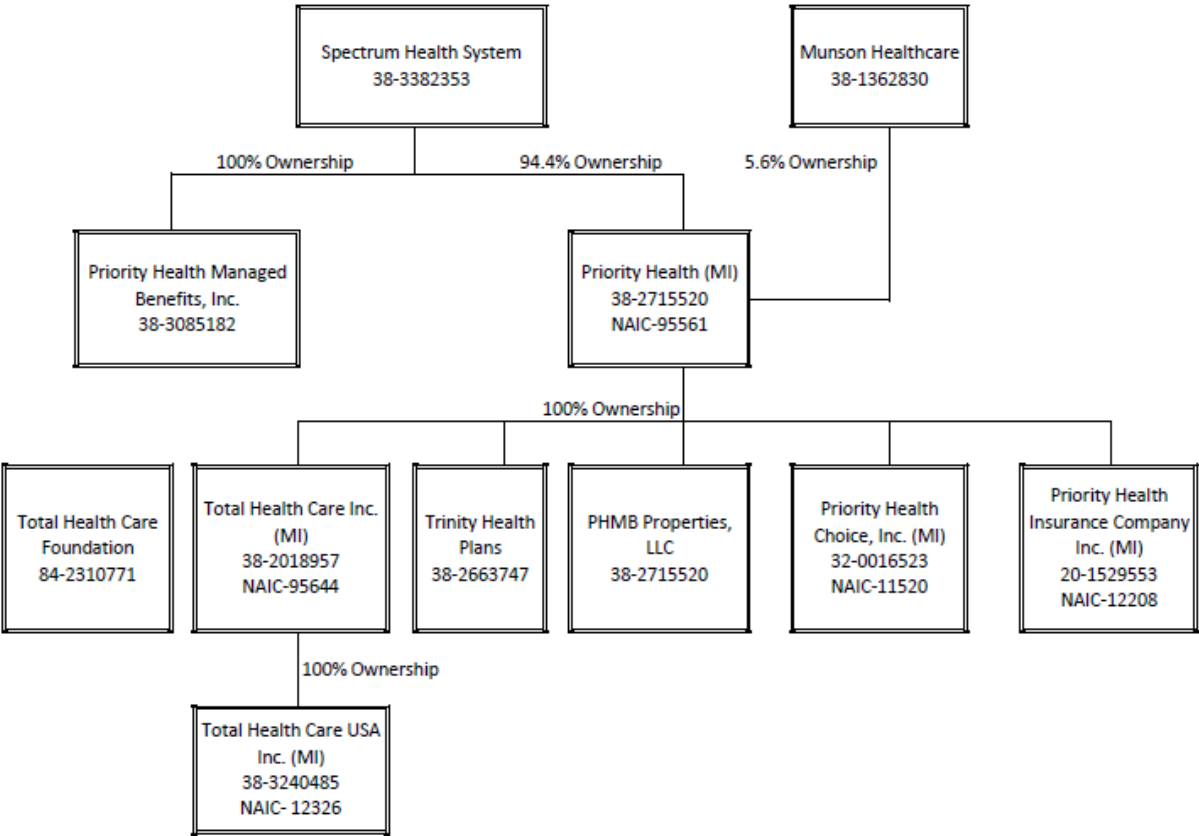
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories											
		1	Direct Business Only								
		Active Status (a)	2	3	4	5	6	7	8	9	10
States, etc.			Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N							0	
2.	Alaska	AK	N							0	
3.	Arizona	AZ	N							0	
4.	Arkansas	AR	N							0	
5.	California	CA	N							0	
6.	Colorado	CO	N							0	
7.	Connecticut	CT	N							0	
8.	Delaware	DE	N							0	
9.	District of Columbia	DC	N							0	
10.	Florida	FL	N							0	
11.	Georgia	GA	N							0	
12.	Hawaii	HI	N							0	
13.	Idaho	ID	N							0	
14.	Illinois	IL	N							0	
15.	Indiana	IN	N							0	
16.	Iowa	IA	N							0	
17.	Kansas	KS	N							0	
18.	Kentucky	KY	N							0	
19.	Louisiana	LA	N							0	
20.	Maine	ME	N							0	
21.	Maryland	MD	N							0	
22.	Massachusetts	MA	N							0	
23.	Michigan	MI	L	2,203,688,258	2,078,996,987		11,576,842			4,294,262,087	
24.	Minnesota	MN	N							0	
25.	Mississippi	MS	N							0	
26.	Missouri	MO	N							0	
27.	Montana	MT	N							0	
28.	Nebraska	NE	N							0	
29.	Nevada	NV	N							0	
30.	New Hampshire	NH	N							0	
31.	New Jersey	NJ	N							0	
32.	New Mexico	NM	N							0	
33.	New York	NY	N							0	
34.	North Carolina	NC	N							0	
35.	North Dakota	ND	N							0	
36.	Ohio	OH	N							0	
37.	Oklahoma	OK	N							0	
38.	Oregon	OR	N							0	
39.	Pennsylvania	PA	N							0	
40.	Rhode Island	RI	N							0	
41.	South Carolina	SC	N							0	
42.	South Dakota	SD	N							0	
43.	Tennessee	TN	N							0	
44.	Texas	TX	N							0	
45.	Utah	UT	N							0	
46.	Vermont	VT	N							0	
47.	Virginia	VA	N							0	
48.	Washington	WA	N							0	
49.	West Virginia	WV	N							0	
50.	Wisconsin	WI	N							0	
51.	Wyoming	WY	N							0	
52.	American Samoa	AS	N							0	
53.	Guam	GU	N							0	
54.	Puerto Rico	PR	N							0	
55.	U.S. Virgin Islands	VI	N							0	
56.	Northern Mariana Islands	MP	N							0	
57.	Canada	CAN	N							0	
58.	Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	2,203,688,258	2,078,996,987	0	0	11,576,842	0	0	4,294,262,087	0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61.	Totals (Direct Business)	XXX	2,203,688,258	2,078,996,987	0	0	11,576,842	0	0	4,294,262,087	0
DETAILS OF WRITE-INS											
58001.	.....	XXX									
58002.	.....	XXX									
58003.	.....	XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

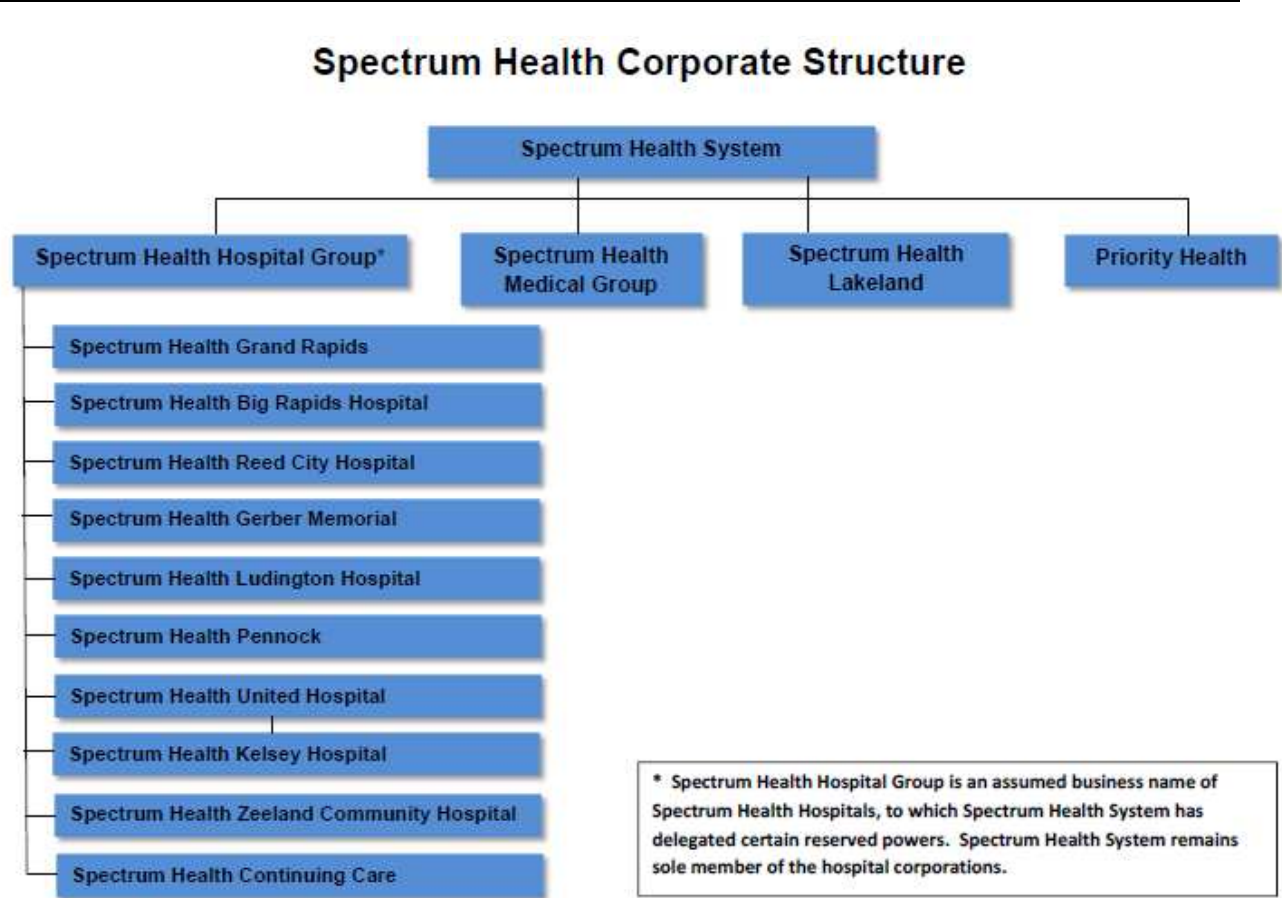
(a) Active Status Counts:
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0
N - None of the above - Not allowed to write business in the state.....56
R - Registered - Non-domiciled RRGs.....0
Q - Qualified - Qualified or accredited reinsurer.....0

(b) Explanation of basis of allocation by states, premiums by state, etc.
The company only has business in the State of Michigan.

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF
INSURER MEMBERS OF A HOLDING COMPANY GROUP**
PART 1 – ORGANIZATIONAL CHART



**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF
INSURER MEMBERS OF A HOLDING COMPANY GROUP**
PART 1 – ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504. Other Corporate Management Fee	1,974,955	1,542,100	5,088,413		8,605,468
2597. Summary of remaining write-ins for Line 25 from overflow page	1,974,955	1,542,100	5,088,413	0	8,605,468